

**School District of Phillips  
Harassment Complaint Form**

Name: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

I wish to register a complaint against (name of person, school: give department, program activity, etc.):

\_\_\_\_\_  
\_\_\_\_\_

1. Specify your complaint by stating the problem as you see it. Describe the incident, participants, background to the incident and any attempts you have made to resolve the problem. Please note relevant dates, times and places.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List any witnesses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Proposed solution: Indicate your opinion on how this problem might be resolved. Be as specific as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date